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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/644,289	05/10/1996	MOLLY F. KULESZ-MARTIN	RPP:135D-US	4031

7590 12/03/2003

DUNN AND ASSOCIATES  
P O BOX 96  
NEWFANE, NY 14108

EXAMINER

DAVIS, MINH TAM B

ART UNIT	PAPER NUMBER
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1642

DATE MAILED: 12/03/2003

36

Please find below and/or attached an Office communication concerning this application or proceeding.

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<b>Interview Summary</b>	<b>Application No.</b> 08/644,289	<b>Applicant(s)</b> KULESZ-MARTIN, MOLLY F.	
	<b>Examiner</b> MINH-TAM DAVIS	<b>Art Unit</b> 1642	

All participants (applicant, applicant's representative, PTO personnel):

(1) MINH-TAM DAVIS. (3)\_\_\_\_\_.

(2) Michael Dunn. (4)\_\_\_\_\_.

Date of Interview: 20 November 2003.

Type: a) ☒ Telephonic b) ☐ Video Conference  
c) ☐ Personal [copy given to: 1) ☐ applicant 2) ☐ applicant's representative]

Exhibit shown or demonstration conducted: d) ☐ Yes e) ☐ No.

If Yes, brief description: \_\_\_\_\_.

Claim(s) discussed: \_\_\_\_\_.

Identification of prior art discussed: \_\_\_\_\_.

Agreement with respect to the claims f) ☐ was reached. g) ☐ was not reached. h) ☐ N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: Claims 15, 16, 19 are free of prior art and are allowable. An offer for the allowance of claims 15-16, 19 to Appellant however is declined.

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

\_\_\_\_\_  
Examiner's signature, if required